

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Academy of Family Physicians Political Action Committee

ADDRESS (number and street)

1133 Connecticut Avenue, NW

Suite 1100

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00411553

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☒ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Hugh M Taylor MD

Signature of Treasurer

Hugh M Taylor MD

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2014 To: M M / D D / Y Y Y Y Y Y
07 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2014		408793.60
(b) Cash on Hand at Beginning of Reporting Period.....	419975.32	
(c) Total Receipts (from Line 19)	24342.10	305297.21
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	444317.42	714090.81
7. Total Disbursements (from Line 31)	37364.67	307138.06
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	406952.75	406952.75
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2014

To:

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

14451.26

201021.22

(ii) Unitemized

8190.51

91593.18

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

22641.77

292614.40

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

22641.77

292614.40

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

1700.33

5182.81

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

7500.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

24342.10

305297.21

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

24342.10

305297.21

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	364.67	4888.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	364.67	4888.06
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	37000.00	302200.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	50.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	50.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	37364.67	307138.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37364.67	307138.06

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	22641.77	292614.40
34. Total Contribution Refunds (from Line 28(d))	0.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22641.77	292564.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	364.67	4888.06
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1700.33	5182.81
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	-1335.66	-294.75

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 36
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Janet R Albers MD

Mailing Address 612 Woodbridge Rd

City

Springfield

State

IL

Zip Code

62711-5666

FEC ID number of contributing
federal political committee.

C

Name of Employer

SIU SOM

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	07	/	2014

Transaction ID : C2771894

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Suzanne M Allen MD

Mailing Address 2889 S Swallowtail Ln

City

Boise

State

ID

Zip Code

83706-6139

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Washington School of Med

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	09	/	2014

Transaction ID : C2776568

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kurt Bradley Angstman MD

Mailing Address 1697 Century Valley Rd NE

City

Rochester

State

MN

Zip Code

55906-7708

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2014

Transaction ID : C2771681

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

1230.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Justin V Bartos MD

Mailing Address 4300 Cagle Dr
Ste 200

City State Zip Code
North Richland Hills TX 76180-8380

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Hills Family Medicine

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

MM / DD / YYYY
07 / 23 / 2014

Transaction ID : C2789296

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

B. Elizabeth Bataglia-Hillman MD

Mailing Address 21 Homestead Ln

City State Zip Code
Brewton AL 36426-4071

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

MM / DD / YYYY
07 / 07 / 2014

Transaction ID : C2772734

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. Joane Goforth Baumer MD

Mailing Address 910 Houston St
Apt 701

City State Zip Code
Fort Worth TX 76102-6224

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

MM / DD / YYYY
07 / 21 / 2014

Transaction ID : C2788285

Amount of Each Receipt this Period

105.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

512.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Reid B Blackwelder MD

Mailing Address 4407 Leedy Rd

City
Kingsport

State
TN

Zip Code
37664-2117

FEC ID number of contributing
federal political committee.

C

Name of Employer

ETSU

Occupation

Professor, Family Medicine

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

07 / 14 / 2014

Transaction ID : C2779567

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Tonya Elrod Bradley MD

Mailing Address 1505 Malone Ct

City
Auburn

State
AL

Zip Code
36830-2146

FEC ID number of contributing
federal political committee.

C

Name of Employer

Auburn pediatric and adult medicine

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

07 / 31 / 2014

Transaction ID : C2796185

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. June G Bredin MD

Mailing Address 4924 153rd PI SW

City
Edmonds

State
WA

Zip Code
98026-4435

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sate of Washington DSHS

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

07 / 21 / 2014

Transaction ID : C2788346

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

865.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph T Burns MD

Mailing Address 431 Harwood Dr S

City

Fargo

State

ND

Zip Code

58103-6132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Essentia Health

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

07 / 21 / 2014

Transaction ID : C2788301

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Mary F Campagnolo MD

Mailing Address 1561 Route 38 Ste 6

City

Lumberton

State

NJ

Zip Code

08048-2939

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virtua Medical Group

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

286.00

Date of Receipt

07 / 23 / 2014

Transaction ID : C2789204

Amount of Each Receipt this Period

143.00

Full Name (Last, First, Middle Initial)

C. Lee Marvin Carter MD

Mailing Address PO BOX 506

City

Huntingdon

State

TN

Zip Code

38344-0506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 30 / 2014

Transaction ID : C2794746

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

643.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven A Crawford MD

Mailing Address 900 NE 10th St

City

Oklahoma City

State

OK

Zip Code

73104-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Oklahoma

Occupation

Physician Faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2916.62

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 23 / 2014

Transaction ID : C2789203

Amount of Each Receipt this Period

416.66

Full Name (Last, First, Middle Initial)

B. James A Elzy MD

Mailing Address 1351 Bryant St NE
Apt 4

City

Washington

State

DC

Zip Code

20018-1156

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.50

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 19 / 2014

Transaction ID : C2788210

Amount of Each Receipt this Period

34.10

Full Name (Last, First, Middle Initial)

C. Roxanne Fahrenwald Md Fahrenwald MD

Mailing Address 123 S 27th St

City

Billings

State

MT

Zip Code

59101-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 09 / 2014

Transaction ID : C2776670

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

815.76

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Elisabeth K Farnum MD

Mailing Address 33 Hyland Ave

City

East Greenwich

State

RI

Zip Code

02818-2901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Family Physician

Aggregate Year-to-Date ▼

216.00

Date of Receipt

07 / 17 / 2014

Transaction ID : C2787497

Amount of Each Receipt this Period

36.00

Full Name (Last, First, Middle Initial)

B. Wanda D Filer MD

Mailing Address 510 Aqua Ct

City

York

State

PA

Zip Code

17403-3623

FEC ID number of contributing
federal political committee.

C

Name of Employer

Strategic Health Institute

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Family Physician

Aggregate Year-to-Date ▼

2450.00

Date of Receipt

07 / 28 / 2014

Transaction ID : C2790077

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Leslie A Foote MD

Mailing Address 16103 Meridian Rd

City

Salinas

State

CA

Zip Code

93907-9140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Family Physician

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

07 / 19 / 2014

Transaction ID : C2788212

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

886.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ophelia Eugenia Garmon-Brown

Mailing Address 1918 Randolph Rd

City

Charlotte

State

NC

Zip Code

28207-1100

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 24 / 2014

Transaction ID : C2789606

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Carletta Hauck

Mailing Address 3912 Golf Course Rd

City

Watertown

State

SD

Zip Code

57201-5412

FEC ID number of contributing
federal political committee.

C

Name of Employer

SD AFP

Occupation

Exec Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 06 / 2014

Transaction ID : C2771646

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Daniel J Heinemann MD

Mailing Address 1305 W 18th St

City

Sioux Falls

State

SD

Zip Code

57105-0401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sioux Valley Health Systems

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 06 / 2014

Transaction ID : C2771641

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

575.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph R Hopkins MD

Mailing Address 300 Pasteur Dr Rm N900
Ste A3

City State Zip Code
Stanford CA 94305-2200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stanford University

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 21 / 2014

Transaction ID : C2788322

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

B. David Standish Hoskins MD

Mailing Address PO Box 2200

City State Zip Code
Minden NV 89423-2200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : C2771442

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Donald Leland Ives MD

Mailing Address PO BOX 440

City State Zip Code
Ester AK 99725-0440

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 16 / 2014

Transaction ID : C2785106

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph M Jeu MD

Mailing Address 3958 Leap Rd Ste 101

City State Zip Code
 Hilliard OH 43026-3107

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Hilliard Family Medicine, Inc.

Occupation
 Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 21 / 2014

Transaction ID : C2788302

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jessica Johnson

Mailing Address 5933 SW Hood Ave

City State Zip Code
 Portland OR 97239-3718

FEC ID number of contributing
federal political committee.

C

Name of Employer
 OHSU

Occupation
 Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : C2776534

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

c. Mark Richard Jones MD

Mailing Address PO BOX 797

City State Zip Code
 Lexington NE 68850-0797

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Plum Creek Medical Group, P.C.

Occupation
 Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 21 / 2014

Transaction ID : C2788333

Amount of Each Receipt this Period

665.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gregory King MD

Mailing Address 1120 Vail Rd

City

Bennington

State

VT

Zip Code

05201-9597

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : C2789721

Amount of Each Receipt this Period

55.00

Full Name (Last, First, Middle Initial)

B. Sheng Liu MD

Mailing Address 2500 Metrohealth Dr

City

Cleveland

State

OH

Zip Code

44109-1900

FEC ID number of contributing
federal political committee.

C

Name of Employer

Metrohealth Medical Center

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 21 / 2014

Transaction ID : C2788343

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

C. Steve Ray Lovelady MD

Mailing Address 8911 Forrestal Dr NE

City

Tuscaloosa

State

AL

Zip Code

35406-3408

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northriver Primary Care Associates

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : C2771509

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

660.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard F Madden MD

Mailing Address 609 Christopher Dr

City
Belen

State
NM

Zip Code
87002-2615

FEC ID number of contributing
federal political committee.

C

Name of Employer

Presbyterian Healthcare Services

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 21 / 2014

Transaction ID : C2788316

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Melanie Jo Malec MD

Mailing Address 5405 Brookside Trl

City
Solon

State
OH

Zip Code
44139-1671

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lake Health

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

07 / 06 / 2014

Transaction ID : C2771678

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. Douglas Wayne Martin MD

Mailing Address 4230 War Eagle Dr

City
Sioux City

State
IA

Zip Code
51109-1700

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Lukes Regional Medical Center

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

07 / 09 / 2014

Transaction ID : C2776570

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1230.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kevin B Martin MD

Mailing Address 2903 219th Ave E

City

Lake Tapps

State

WA

Zip Code

98391-5634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Life Care Physician Services

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 14 / 2014

Transaction ID : C2779566

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. David Vincent Maruska MD

Mailing Address 420 E Division St

City

Fond Du Lac

State

WI

Zip Code

54935-4560

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 09 / 2014

Transaction ID : C2776557

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Amy Kristen McIntyre MD

Mailing Address 1140 W Diamond St

City

Butte

State

MT

Zip Code

59701-1404

FEC ID number of contributing
federal political committee.

C

Name of Employer

Butte Community Health Center

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 28 / 2014

Transaction ID : C2790075

Amount of Each Receipt this Period

36.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

586.50

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. John S Meigs MD

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

MM / DD / YYYY
07 / 09 / 2014

Transaction ID : C2776554

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. John S Meigs MD

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

MM / DD / YYYY
07 / 21 / 2014

Transaction ID : C2788295

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Andrew J Merritt MD

Mailing Address 28 1/2 E Main St

City

Marcellus

State

NY

Zip Code

13108-1226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

MM / DD / YYYY
07 / 09 / 2014

Transaction ID : C2776669

Amount of Each Receipt this Period

370.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

445.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Anne M Montgomery MD

Mailing Address 44818 Oro Grande Cir

City State Zip Code
Indian Wells CA 92210-7411

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eisenhower Medical Associates

Occupation
Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 27 / 2014

Transaction ID : C2789903

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dale C Moquist MD

Mailing Address 4318 Lake Walk Ct

City State Zip Code
Missouri City TX 77459-3268

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

641.62

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 09 / 2014

Transaction ID : C2776533

Amount of Each Receipt this Period

91.66

Full Name (Last, First, Middle Initial)

c. Javette C Orgain MD

Mailing Address PO Box 806527

City State Zip Code
Chicago IL 60680-4126

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation
Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 24 / 2014

Transaction ID : C2789564

Amount of Each Receipt this Period

187.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

529.16

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tomas P Owens MD

Mailing Address 912 Fox Lake Ln

City

Edmond

State

OK

Zip Code

73034-7341

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 09 / 2014

Transaction ID : C2776666

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

B. Paul J Reiss MD

Mailing Address 17 Lyman Dr

City

Williston

State

VT

Zip Code

05495-9622

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 24 / 2014

Transaction ID : C2789582

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

C. Elisabeth L Righter MD

Mailing Address 267 Park Dr

City

Dayton

State

OH

Zip Code

45410-1315

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 28 / 2014

Transaction ID : C2790076

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

840.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard Guy Roberts MD

Mailing Address 1100 Delaplaine Ct

City

Madison

State

WI

Zip Code

53715-1840

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Wisconsin

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 24 / 2014

Transaction ID : C2789593

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Flora F Sadri-Azarbayejani DO

Mailing Address 427 S Mountain Rd

City

Northfield

State

MA

Zip Code

01360-9684

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 19 / 2014

Transaction ID : C2788211

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Edward Jay Schwager MD

Mailing Address 6567 E Carondelet Dr Ste 555

City

Tucson

State

AZ

Zip Code

85710-6152

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carondelet Medical Group

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 06 / 2014

Transaction ID : C2771643

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. George Wm Shannon MD

Mailing Address 2301 Slate Dr

City

Columbus

State

GA

Zip Code

31906-1443

FEC ID number of contributing
federal political committee.

C

Name of Employer

Horizons Diagnostics

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 30 / 2014

Transaction ID : C2794748

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Linda Marie Siy MD

Mailing Address 4133 Bilglade Rd

City

Fort Worth

State

TX

Zip Code

76109-5436

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of North Texas Health Scien

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : C2771441

Amount of Each Receipt this Period

30.50

Full Name (Last, First, Middle Initial)

C. Windel A Stracener MD

Mailing Address 1333 Hunters Pointe Dr

City

Richmond

State

IN

Zip Code

47374-7184

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 06 / 2014

Transaction ID : C2771645

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

330.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Glen R Stream MD

Mailing Address 44818 Oro Grande Cir

City

Indian Wells

State

CA

Zip Code

92210-7411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eisenhower Medical Center

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 30 / 2014

Transaction ID : C2794747

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jonathan R Sugarman MD

Mailing Address 10700 Meridian Ave N

City

Seattle

State

WA

Zip Code

98133-9008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : C2796022

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Erica Williams Swegler MD

Mailing Address 300 N Rufe Snow Dr

City

Keller

State

TX

Zip Code

76248-4235

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 20 / 2014

Transaction ID : C2796949

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

698.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Raja Talati MD

Mailing Address 805 SW Classico Ct

City

Port Saint Lucie

State

FL

Zip Code

34986-2338

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

07 / 26 / 2014

Transaction ID : C2789872

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Michelle A Turner MD

Mailing Address PO Box 287

2903 N Broadway Ave

City

Miller

State

SD

Zip Code

57362-0287

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

07 / 16 / 2014

Transaction ID : C2785092

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Lloyd P Van Winkle MD

Mailing Address PO Box 960

City

Castroville

State

TX

Zip Code

78009-0960

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

07 / 24 / 2014

Transaction ID : C2789563

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

185.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 36

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Duane W Wages MD

Mailing Address 1194 Maxfli Dr

City

Akron

State

OH

Zip Code

44312-5928

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pioneer Physicians, Inc.

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	09	/	2014

Transaction ID : C2776564

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

B. Randell K Wexler MD

Mailing Address 6040 Haybury Dr

City

New Albany

State

OH

Zip Code

43054-8691

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio State University

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	08	/	2014

Transaction ID : C2776511

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Richard Andre Wherry MD

Mailing Address 59 Tipton Dr

City

Dahlonega

State

GA

Zip Code

30533-1603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chestatee Regional Hospital

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	05	/	2014

Transaction ID : C2771597

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1120.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 36
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. David A Willey MD

Mailing Address 863 Oriole Lane

City Chaska State MN Zip Code 55318-2152

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 09 / 2014

Transaction ID : C2776555

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

14451.26

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 OF 36

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City State Zip Code
 Leawood KS 66211-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5182.81

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 02 / 2014

Transaction ID : C2770160

Amount of Each Receipt this Period

997.65

Full Name (Last, First, Middle Initial)

B. American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City State Zip Code
 Leawood KS 66211-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5182.81

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : C2776580

Amount of Each Receipt this Period

313.57

Full Name (Last, First, Middle Initial)

C. American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City State Zip Code
 Leawood KS 66211-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5182.81

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 30 / 2014

Transaction ID : C2794793

Amount of Each Receipt this Period

389.11

SUBTOTAL of Receipts This Page (optional)..... ►

1700.33

TOTAL This Period (last page this line number only)..... ►

1700.33

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 36

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City State Zip Code
Phoenix AZ 85072-3852
Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 02 2014

Transaction ID : D159459

Amount of Each Disbursement this Period

12.73

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City State Zip Code
Phoenix AZ 85072-3852
Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 03 2014

Transaction ID : D159916

Amount of Each Disbursement this Period

11.86

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City State Zip Code
Phoenix AZ 85072-3852
Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 07 2014

Transaction ID : D159917

Amount of Each Disbursement this Period

11.86

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

36.45

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

6.50

MM / DD / YYYY

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Age Group	Percentage
18-24	10%
25-34	15%
35-44	20%
45-54	25%
55-64	30%
65-74	35%
75-84	40%
85+	3.25%

07 / 10 / 2014

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

9.75

19.50

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Category/
Type

14.59

State: District:

07 / 14 / 2014

Category/
Type

17.46

State: District:

The image shows three digital displays. The first display shows '07' with 'M' and 'M' above it. The second display shows '16' with 'D' and 'D' above it. The third display shows '2014' with 'Y', 'Y', 'Y', and 'Y' above it. Each display has a small square above each digit, and the letters are positioned above these squares.

Category/
Type

6.50

State: District:

Category	Percentage
Students who did not pass the exam	38.55

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

7.95

07 / 29 / 2014

3.25

07 / 02 / 2014

220.63

231.83

364.67

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. DEFEND AMERICA PAC

Mailing Address P.O. Box 2626

City	State	Zip Code
Tuscaloosa	AL	35403

Purpose of Disbursement
Campaign contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		24		2014

Transaction ID : D160079

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Trivedi for Congress

Mailing Address 959 Firetower Rd

City	State	Zip Code
Birdsboro	PA	19508-9071

Purpose of Disbursement
Campaign contribution

Candidate Name

Dr. Manan Trivedi

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: PA District: 06

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		24		2014

Transaction ID : D160081

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. JOHN FOUST FOR CONGRESS

Mailing Address PO Box 962

City	State	Zip Code
Mc Lean	VA	22101-0962

Purpose of Disbursement
Campaign contribution

Candidate Name

John Foust

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: VA District: 10

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		24		2014

Transaction ID : D160080

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. NEW DEMOCRAT COALITION POLITICAL ACTION COMMITTEEMailing Address 607 14th St NW
Ste 800

City Washington State DC Zip Code 20005-2005

Purpose of Disbursement
Campaign contribution

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	14	/	2014

Transaction ID : D159812

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. SCHAKOWSKY FOR CONGRESS

Mailing Address PO Box 5130

City Evanston State IL Zip Code 60204-5130

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Jan SchakowskyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	14	/	2014

Transaction ID : D159806

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. MORAN FOR KANSAS

Mailing Address P.O. Box 1151

City Hays State KS Zip Code 67601

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Jerry MoranOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: KS District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	14	/	2014

Transaction ID : D159809

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. COMMITTEE TO ELECT MICHELLE LUJAN GRISHAM

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		14		2014

Mailing Address 2015 DIETZ PL NW

City	State	Zip Code
ALBUQUERQUE	NM	87107

Transaction ID : D159244Purpose of Disbursement
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

Rep. Michelle Lujan Lujan GrishamCategory/
Type

2500.00

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: NM District: 01

Full Name (Last, First, Middle Initial)

B. MIKE THOMPSON FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		14		2014

Mailing Address 5429 Madison Avenue

City	State	Zip Code
Sacramento	CA	95841

Transaction ID : D159808Purpose of Disbursement
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

Rep. Mike ThompsonCategory/
Type

2500.00

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 01

Full Name (Last, First, Middle Initial)

C. SCALISE FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		24		2014

Mailing Address PO BOX 23219

City	State	Zip Code
JEFFERSON	LA	70183

Transaction ID : D160082Purpose of Disbursement
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

Rep. Steve ScaliseCategory/
Type

2500.00

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 01

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. TIM MURPHY FOR CONGRESS

Mailing Address P.O. BOX 24551

City PITTSBURGH	State PA	Zip Code 15234
--------------------	-------------	-------------------

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Tim MurphyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2014

Transaction ID : D160092

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JEANNE SHAHEEN

Mailing Address 105 N STATE STREET

City CONCORD	State NH	Zip Code 03301
-----------------	-------------	-------------------

Purpose of Disbursement
Campaign contribution

Candidate Name

Sen. Jeanne ShaheenOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NH District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2014

Transaction ID : D159810

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

37000.00
